



Oral Sedation Information and Consent Form

Ativan is a medication that can greatly minimize anxiety. In a relaxed state, you will be able to communicate with the dentist while treatment is being performed. Even though it is safe, you should be aware of some important precautions and considerations. This consent form should be signed before you take the medication.

1. The onset of Ativan is 60-90 minutes. We may ask you to come in one hour prior to your appointment to administer your Ativan prior to dental treatment.
2. Do not drive after you have taken Ativan. In fact, you should not drive or operate machinery for the remainder of the day
3. This medication should not be used if:
 - You are hypersensitive to benzodiazepines (Valium, Versed, Etc.)
 - You are pregnant or breast feeding.
 - You have liver or kidney disease.
4. The following medications can adversely interact with Ativan: Nefazodone, Cimetidine, Levodopa for Parkinson's Disease, Anti-Histamines (Benadryl), Verapamil, Diltiazem, Erythromycin and the Azole Antimycotics (Biaxin), HIV drugs such as Indinavir and Nelfinovir, Alcohol, Recreational Drugs.
5. Side effects: light-headedness, headache, dizziness, amnesia, and nausea.
6. Smokers will probably have a decrease in achieved medicinal results.
7. You should not eat heavily prior to your appointment. You may take the medication with a small amount of food, such as juice, toast, etc. Taking it with too much food can make absorption into your system unpredictable.
8. Nitrous Oxide (laughing gas) may be used in conjunction with Ativan.
9. When at home, lie down with your head slightly elevated. Someone should stay with you for the next several hours because of possible disorientation and possible injury from falling. Please remove all mouth gauze prior to laying down.

I understand these considerations and am willing to abide by the conditions states above. I have had an opportunity to ask questions and have them answered to my satisfaction.

Signed (patient): _____

Signed (guardian, if patient is under the age of 18): _____

Date: _____ Witness _____